

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593830

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 8 | 1 | 1 | | 1 | | |
| 9 | 1 | 1 | | 1 | | |
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| TOTAL DEP. | 15 | ← | 18 | ← | | ← |
| TOTAL CLAIMS | 17 | | 20 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL CLAIMS | | | | | ↓ | |